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## REMARKS,

§c.



REMARKS  
ON  
**INSANITY;**  
FOUNDED ON  
THE PRACTICE OF JOHN MAYO, M.D.  
FELLOW OF THE COLLEGE OF PHYSICIANS,  
AND TENDING TO ILLUSTRATE THE  
PHYSICAL SYMPTOMS AND TREATMENT  
OF  
*THE DISEASE.*

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LONDON:

PRINTED FOR THOMAS AND GEORGE UNDERWOOD,  
FLEET-STREET.

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1817.



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Printed by W. CLOWES,  
Northumberland-court, Strand, London.

TO THE RIGHT HONOURABLE

CHARLES, BARON COLCHESTER,

&c. &c. &c.

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MY LORD,

I AM happy to think that the small volume, which I have the honour to present to your Lordship, aspires to your favour on grounds which no inadequacy of mine can altogether destroy. It contains the sentiments of one, whom it becomes not me to praise, but whom you have long permitted to think, that he possesses your esteem; and it treats a subject so interesting in its nature, as almost to have been wrested by the philosopher out of the hands of the physician. To vindicate the rights of my profession over Insanity, and to elucidate its medical treatment, are the objects at

which I have aimed. To your Lordship my work appeals on no other grounds than on those which I have stated; to the world it advances higher pretensions, in asserting, that it is patronised by you.

I have the honor to be,

My Lord,

Your Lordship's most respectful

And most obliged servant,

THOMAS MAYO.

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# REMARKS ON INSANITY.



## CHAP. I.

*The Disease, which we have to consider, identified—  
Opinion of modern Writers relative to its Mental  
Pathology pointed out.*

IN viewing the subject of insanity, we are very soon reminded of the uncertain ground on which we are treading, by the necessity, constantly forcing itself upon us, to substitute description for strict definition.

The better to identify the complaint which will be considered in the ensuing pages, I must premise, that it is my intention to comprehend those forms of madness, which are viewed under the heads “*Manie & Melancholie*,” by \* Drs. Pinel, Esquirol, and Du-

\* My reason for resorting to France for a history of insanity is, that I am bound to seek for information wherever

buisson. If I should appear at variance with these gentlemen in describing the disease, I am desirous of accounting for such a difference, without coming to an issue with them on matters of fact. Difference of treatment must occasion a corresponding variety in the symptoms of disease. Besides, although I am viewing the same object, my attention is not necessarily attracted by the same features of it as have attracted *them*. I recognise the utmost exactness in the views which they have given, though they throw a strong light on points which we\* consider comparatively insignificant, and leave in darkness many that we deem important.

Again, while I employ the terms which they have used, I do not accept the division it is given with the greatest accuracy, and to the greatest extent. Let it be remembered, that the French revolution has given the physicians of that country an advantage, to which we have nothing analogous, in supplying an immense mass of simultaneous cases:

\* My reader will have occasion to notice that I employ at one time the first person singular, at another time the first person plural. I trust, that he will account benevolently for this apparent capriciousness in the use of terms, by considering, that I am bound in justice to separate that, for which I am singly responsible, from that, in which I participate with my father.

grounded on these terms. I find the phenomena of Mania and Melancholy run too much into each other, to permit their being represented as maladies distinct in kind. At the same time, I am aware that logical accuracy in the division of disease is unattainable at the present period of our science. Perhaps diseases never will appear as unmixed as the nosologist could wish. But noslogy becomes a source of deception, when it makes a disease, as a disingenuous anatomist makes a muscle, by forcibly breaking up natural connexions. At all events, I should urge that those symptoms, in respect of which Mania and Melancholy may appear sufficiently different, to be considered distinct in kind,—are drawn from the history of mind. It is through rectifying *physical* symptoms that we advance with certainty to the cure of the disease. Accordingly we require, with a view to its treatment, a division that shall be founded on this class of symptoms.

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Before I enter upon a direct account of that pathology and treatment of insanity, which this volume is intended to recommend,

I find it necessary to review some opinions relative to the disease, which are entertained by writers of the present day. Such a reference to opinion would, on *general* grounds, be sufficiently expedient. In the present instance it is indispensable, since we are at variance with many of these writers on the most important points. I consider them, indeed, as giving a decided predominance to mental over physical phenomena in their views of the disease.

To prove, or to give our readers the means of ascertaining, that such are the sentiments of modern writers, is my first object. I shall, secondly, proceed to state our own views of the pathology and treatment of the disease. I shall, thirdly, make some remarks on the opinions and views stated in my first division.

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In proving the existence of opinions such as I have ascribed to a large class of modern writers, I am in danger of forestalling an independent question relative to their justness. I shall, however, avoid this topic as carefully as possible.

I have mentioned the names of Drs. Esqui-

rol, Pinel, and Dubuisson. I take these authors as representing in its fairest point of view French opinion relative to the disease under consideration. I refer my readers to the articles *Démence*, *Délire*, *Folie*, of the work entitled, “*Le Dictionnaire des Sciences Medicales*,” by Dr. Esquirol ; to the article *Alienation Mentale*, and to the well-known work by Dr. Pinel ; to the treatise “*Sur les Vésanies*,” by Dr. Dubuisson. In all these works I apprehend that the physical pathology of the disease occupies a place, secondary to its mental pathology. The last work is the most physical in its views of any which I have mentioned : but, that here also the mental character predominates may easily be seen, if Dr. Dubuisson’s Description of Hypochondriasis be contrasted with the other *species* which complete his division. Hypochondriasis is one of the nervous disorders, which have not yet been altogether drawn into the magical circle of mental affections. Here bodily symptoms still attract the attention of the physician ; not that they exist here in a higher degree than in insanity, properly so called ; but that the mental symptoms of hypochondriasis are not in

their nature so obvious and obtrusive, as that the physician, while surveying it, should be induced to forget medical in metaphysical considerations. The history of hypochondriasis is obtained from the excellent work of Dr. Villermay. By contrasting hypochondriasis, as thus described, with the "*Manie & Melancholie*" of Dubuisson, we shall better observe how largely mental phenomena predominate in his description of the two latter species of insanity.

I am unwilling, in pointing out that the authors of my own country run into similar views of the disease in question, to rest upon examples so very obvious as the works of Drs. Arnold and Crichton. With respect to the latter, I may perhaps be accused of disingenuousness for affecting to criticise as a physician one who apparently comes forward as a psychologist. His claims to the latter distinction I am ready to allow;—but he is also a physician. He offers a physiological account of delirium,—he concludes with a nosological arrangement, constructed agreeably to his views of the disease,—he describes his own work as a concise system of the physiology and pathology of the human mind. His refer-

ences to physiology are indeed frequent. Dr. Arnold has sufficiently authenticated *his* medical character by his compilation of "Appearances on Dissection," and his account of physical as well as moral causes. The predominance in his work of such views of the disease as are founded on its mental phenomena, no one will pretend to deny.

This inclination to dwell on mental phenomena is less obvious, but not less certainly discoverable, in Mr. J. Haslam's work. If indeed I may assume that views of this kind are erroneous, I must consider those of Mr. Haslam as infinitely more important in their consequences than those of Drs. Arnold and Crichton. The medical practitioner, who looks to these latter gentlemen for information, is startled by the extreme neglect, which he meets with of symptoms that force themselves upon his notice. But, when he proceeds to the work of Mr. Haslam, he finds combined with the psychologist the practical physician. Again his cases end with excellent dissections. Yet in the annexed histories we find much that concerns the patient's mind, very little, that relates to his body. Phy-

sical pathology is sketched, but mental phenomena are painted also.

It has very frequently been urged, that little connexion can be traced between the phenomena, which dissection lays before us, and the prior phenomena of the disease. Such must be the case, as long as observations continue to be made on the plan above noticed. Are there any laws of the economy, through which thickening of the membranes can be traced to depression or elevation of spirits? Between this fact indeed, and the physical symptoms of inflammation, there is a well-established bond of connexion. Surely it is with the physical, and not with the mental symptoms of the living subject, that we must expect to associate appearances that disclose themselves after his death.

In Dr. Mason Cox's work there is the same general predominance of mental views,—and occasional intermixture of physical symptoms. It is indeed surprising that this gentleman and Dr. Dubuisson should have found so much to be said on physical treatment, and so little respecting physical symptoms. It seems natural, that these two parts of the subject should

obtain notice in the same proportion. "As connected with the history of Mania," (observes Dr. Cox,) "it will be proper to notice some circumstances relative to the pulse." Thus casually is introduced the only physical point, that he dwells on, in describing a maniacal attack.

I have selected authors, who stand very high in the opinion of their respective countries. Whether I am correct in attributing to them views of the disease as a mental rather than as a bodily affection, my readers are competent to determine\*.

\* I have not made any remark on the work of Mr. Hill. Certainly I cannot adduce this work in support of my opinion, that English medical men of the present age are addicted to overlook the physical pathology of the disease. At the same time I do not feel that the efforts which he has made to change the tide of speculation supersede the necessity of farther effort in the same direction. The second of those two axioms, on which he supposes himself to build his Essay, appears to contain his sentiments on the point with which I am occupied. He observes that "*Insanity is never a purely mental disease.*" I confess myself inclined to go greater lengths than those to which Mr. Hill has carried this axiom. The first of Mr. Hill's axioms asserts, that "*Insanity is always a symptomatic disease.*" If by the term "*Insanity*" the mental class of phenomena is meant, then this first axiom contains the second, and renders it nugatory. If Mr. Hill attaches to the term, as used in this place, the same meaning with which he uses

it on other occasions; namely, that of a disease made up of mental and physical symptoms; I do not see that insanity is, in this sense, more symptomatic than any other malady.

## CHAP. II.

*The Disease viewed as attended by increased Action in the Vascular System, of a continued Nature, with occasional Exacerbations.—Morbid Anatomy of the Disease considered in its Relation to this View.*

MANIA is the term, which usage appears to suggest as most appropriate to the disease under consideration. I need not observe, that I am very far from adopting this term in the sense in which it is frequently used, namely, as opposed to melancholy.

I proceed to state the grounds of our own pathology and treatment in mania, and to describe the superstructure which we have raised upon these foundations.

To regard insanity as an object of attention with reference to its mental phenomena while the disease is quiescent, and to repress it by coercion and medical measures while it is raging, is the first plausible suggestion that would occur to the physician.

The disease, under this treatment, appeared to my father uncertain of obtaining a present cure ; the patient was very liable to relapse.

He looked more attentively at physical symptoms; he saw the insidious ravages of the disease in derangement of the general bodily functions, even while it was apparently quiescent. He saw slight, but daily, exacerbations indicated by increased action of the carotids and flushing of the face, and heightened from time to time into forms of violent febrile excitation. At length, when the slow process should have achieved its purpose, when disorganization of the part might be supposed to have taken place, he saw the functions of that part, namely, the mental powers, sink into such total ruin, as morbid anatomy teaches us to associate with disorganized structure.

Thus there appeared, as an object of treatment, a process of increased action forming the basis of the disease, paroxysms of heightened violence occasionally supervening.

I know no collection of appearances obtained by dissection from the heads of insane persons that can be compared in accuracy and detail with the cases of Mr. J. Haslam. These dissections illustrate very fully the increase of action connected with this disease, as well as the prolonged and continuous nature of such vascular excitation.

Thus\*, in his first dissection, the patient, aged 28, has died after a continuance of the disease for about four months. During the greater part of this time he had been low and melancholic, and had reduced himself by refusing to eat, so that he died exhausted, after progressive emaciation. Even here the pia mater appears loaded with blood; the medullary substance is full of bloody points. It is reasonable to suppose that this action did not make its first appearance during the man's last moments, but, that it had continued throughout the complaint.

In the fourth case the pia mater is considerably inflamed, with copious determination of blood to the whole contents of the cranium. The brain is unusually soft, with no effusion into its cavities. This patient was an old woman; her disorder had continued six months, and was aided in bringing her to the grave by voluntary starvation. Yet here are the most unequivocal symptoms of increased action in inflammation of the pia mater. Certainly the case does not warrant us to consider these symptoms as of recent date.

\* Vide Observations on Madness and Melancholy, &c., by John Haslam.

\* In an incurable patient of sixty years of age, when madness, if at any time, might be expected to exhibit enfeebled local action, there is found a thickened tunica arachnoides, and large determination of blood to the substance of the brain. Water was effused into the ventricles. Thus also, in a man † admitted into Bedlam as incurable, and dying under the influence of diarrhoea, “there is a very general determination of blood towards the brain, the medullary substance being every where spotted with bloody points.” Even ‡ in a drivelling ideot, besides the milky whiteness of the tunica arachnoides, the pia mater exhibited itself loaded with blood.

I have thus selected cases of old persons exhibiting excited circulation, and retaining it even in fatuity, or old age, or general weakness. Such cases tend strongly to confirm the universal and continued increase of action belonging to this disease. The proofs which may be obtained from the same source, of continued vascular action in younger subjects and less advanced forms of the disease, are very numerous and very striking. But

\* Vide “Observations,” &c., case 6. † Ibid. case 11.

‡ Ibid. case 26.

the former class of cases almost authorizes us to conclude *à priori* respecting these latter ones. A \* female dies under puerperal mania. The tunica arachnöides appears thickened, and is of a milky whiteness. The veins of the pia mater are turgid, and bloody points are widely diffused through the substance both of cerebrum and cerebellum: water is collected between the membranes. The disorder had existed five months when the patient sunk under it; her death was preceded by an exacerbation of symptoms. The following are appearances on dissection of a woman, aged 27, who had been seven months disordered †. “The pia mater” (observes Mr. Haslam) “was considerably inflamed, “and an extravasated blotch about the size “of a shilling was seen upon that membrane, “near the middle of the right lobe of the “cerebrum. There was no water between “the membranes, nor in the ventricles; but a “general determination of blood to the con-“tents of the cranium: the medullary sub-“stance was full of bloody points.”

My reader will decide how far the circumstances alluded to in these cases go to prove

\* Vide “Observations,” &c., case 9. † Ib. case 7.

the extensive presence of increased vascular action in this disease ; and how far the advanced period of the disease, at which these symptoms prevail, tends to prove the prolonged and continued nature of this vascular excitation.

I have not hitherto considered a phenomenon, which appears in many of the cases detailed in Mr. Haslam's work, and which, in cases of this nature, I have myself witnessed. It deserves the highest consideration, from its reference to the point which I am endeavouring to establish. I mean by this phenomenon the opaqueness or thickening of the tunica arachnöides. I cannot but view this affection of the membrane as indicative of a continued process of increased action. Those, who would assent to this position unproved : will excuse the earnestness with which I shall pursue its proof, in consideration of its influence on our view of the subject. I should, however, be trespassing too much upon attention, if I went into a proof that this thickening is a result of increased action in the circulating system. The question, which I shall consider, is, whether we are to view it as effected by a slow process

of increased action, or merely as the sequel of an acute paroxysm, such as frequently occurs in the disease, and is analogous to a phrenitic attack.

I have first to remark that this symptom is not recorded where the disease has ended rapidly in death, after the manner of phrenitis ;—that it occurs very frequently where the disease has lasted long ;—that it is analogous to thickening and opaqueness of the other serous membranes, which are at all hands acknowledged to result from a chronic process of increased action. Such is the well-known thickening of the peritonæum in chronic peritonitis ; such that of the pericardium in chronic pericarditis. It may be observed, that Bichat expressly alludes to indurations of the arachnöid membrane, as being an effect of chronic inflammation. The analogous process which nature adopts where an *acute* increase of action takes place in serous membranes seems to be the effusion of serum, or of coagulable lymph, or the formation of pus. Thus we have coagulable lymph effused, after acute pericarditis, on the surface of the membrane ; or floating in a whey-like fluid after acute peritonitis. Phrenitis may be viewed as the

same in kind with the acute paroxysm of insanity, as far as the state of the circulation is concerned. Here we find, not thickened membrane, but serous or gelatinous effusion : such is the gelatinous effusion recorded by Morgagni, cap. 2d. Epist. viii., and mentioned by him as a frequent occurrence, cap. xvi. On these grounds I feel authorized to consider the opaque appearances which I have described in the arachnöid membrane as indicating increased action of a chronic nature.

But I neither rely upon these anatomical remarks nor on pathology as separately establishing the existence of a slow process of increased action in the disease which I am considering. These two sorts of proof may be viewed as bestowing reciprocal light, and co-operating to establish the point in question.

## CHAP. III.

*Pathology and Treatment of the Disease—Its remittent Stage—Its continuous Stage—Sympathetic or Simultaneous Affections—Extraordinary or undescribed Forms of the Disease.*

AS attended by increased activity in the circulation of the brain, mania appears to require depletory treatment. In as far as this increase of vascular activity is prolonged and uninterrupted, in so far the discipline, with which it is combated, must possess these qualities.—In such a discipline the means must apparently be sought of combating a disease, which lurks in an insidious form, even after its active effervescence may have been subdued. If in phrenitis active symptoms yield, before some fatal effusion has taken place, the patient is cured.—But, though the paroxysm of mania be subdued, it leaves a state of mitigated excitement behind, which, unless followed to its close by depletion, will revive the disease.

The slow process of morbid action shews itself not merely by symptoms directly connected with the disease, but also by its effect on the general habit of the body. The stomach, the liver, the intestinal canal, the heart, even respiration, labours under this influence. It is not until these sympathetic disorders are quieted that a satisfactory cure can be asserted. Certain points are observable in the progression of the disease, which have peculiarly a reference to its treatment.—They are indeed established by nature; and exist, in the more or the less, where the disease is either absolutely neglected, or differently treated: but they are strongly marked where that plan of treatment is pursued which we recommend.

The disease at its commencement seems inclined to adopt what we may call a remittent course, consisting of paroxysms or violent exacerbations, with intermediate states of comparative quiescence. This form of the disease ends in another, which may be termed its continuous state;—not absolutely distinct in kind from the former, but one in which the states of excitement have been so much reduced, and that of quiescence is so much

elevated, that this term seems nearly applicable from the uniform appearance which the disease then assumes. I have thus given a brief sketch of the disease as viewed in relation to its physical symptoms, and to the treatment which they dictate.

In giving it a more detailed investigation, I shall observe the following order. I shall consider, first, the remittent stage of the disease; secondly, its continuous stage; thirdly, the sympathetic or simultaneous derangement of other organs beside the brain; fourthly, such peculiar and extraordinary forms of the disease, as have occurred to us in practice. It is under such forms that the disease is often said to cloak or conceal itself; an expression which ought to be cautiously accepted, since it has a reference not to the real nature of the disease, but to our present ignorance of it.

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In proceeding to fill up the outline of pathology and treatment which I have sketched, I shall premise, that the importance of seizing the features of the disease at an early period is founded upon three considerations:—the

time required for effecting a cure is short in proportion to the earliness of the period at which it is commenced. The patient, while left unmolested by depletion, is in personal danger from the effects of his own moodiness. The mildness of a paroxysm, when it supervenes, is in proportion to the activity of depletion with which it has been preceded.

In its infancy the disease attracts notice more by its mental than by its physical phenomena: but these latter phenomena, though less obtrusive, are not less certainly present, and are infinitely the most important, if indeed it is by remedies directed at *them* that the disease can best be combated.

Neither class of symptoms ought, however, to be neglected, or indeed to be viewed separate from the other. It is their concurrence which ascertains the presence of the disease.

At this period the patient will be perverse, unmanageable, incapable of fixing his attention. As yet no false perceptions \* have

\* There appears to me much inaccuracy in the term "*false perceptions*."—It must, however, be used as the only term expressive of the idea which it represents. The expression supposes that external objects are incorrectly seen.

taken place, and he is not enslaved to any unduly predominating train of ideas.

Enquiry into physical symptoms will at this moment present him muddy in complexion ; irregular in bowels ; if constipated, refusing to obey cathartics which had formerly influenced him ; suffering perhaps under a sensation of sinking or depression at the epigastric region. With this symptom he will, at a more advanced period, strangely connect the rise of melancholic feelings in his mind. The female is perhaps irregular in the action of her uterus, as well as of her bowels. This symptom is well known as an exciting cause of the disease. In this capacity I should have much to say of it, if I were writing a history of insanity ; but I have no present thoughts of invading that extensive

But if the attention of the maniac can once be fixed on an external object, he will be found to view it accurately enough. That error, which is termed “a false perception,” seems more properly attributable to the imagination.—During many periods of madness, just as in a dream, it would appear that acts of the imagination are as vivid and as forcible as perceptions. Accordingly they excite the same trains of associated ideas. From their liveliness on the one hand, and their want of agreement with external objects on the other, they go by the name of “*false perceptions*.”

subject. I am viewing the disease in relation to the plan of treatment which we recommend, and to the symptoms on which it is founded.

At this period, the pulse, if it be not more frequent than in health, is quicker in each individual beat. There is disproportionate action between the carotids and the radial artery. In such a state of the disease, venesection or cupping will often produce evident temporary excitement, perhaps amounting to a paroxysm. Often, during the remittent stage, bleeding has evidently occasioned headache, where headach has been the only phenomenon wanting to complete a set of symptoms usual coexistent. The history of apoplexy points out with sufficient evidence, that if there is a state of overactive circulation, which produces headach, this state, heightened to a more intense degree, will produce a heavy stupid feeling, rather than pain. Thus the process, which lessens vascular action, may occasion headach \*.

\* I am obliged to my friend, Dr. Scott, for a symptom, occurring indeed in another disease, but strongly illustrating this effect of bleeding.—This symptom, witnessed by Dr. Scott, has been stated by Dr. Curry, in his lectures.

On bleeding, the pulse at the wrist will often become fuller than before, while that of the carotids is rendered less active. A paroxysm, occurring in the remittent stage, is followed by a period, during which the disease, as far as mental symptoms are concerned, seems totally crushed and expiring; but, when physical symptoms are consulted, the disproportion between the carotids and the radial arteries is still obvious, and the bowels and stomach are still impassive to their respective stimuli, though not so highly impassive as in the actual paroxysm. Thus, under an uninterrupted process of depletion, the disease proceeds through paroxysm and remission until it has reached the

In some affections, in which general symptoms have pointed out disorder of the liver, the part affected has been free from pain, which has been felt in some remote part. Under these circumstances local cupping has developed the pain in the liver, and has removed it from the sympathizing limb. Another cupping has removed the pain from the liver also. Thus a high state of vascular congestion appeared in *this* viscus, as in the brain, to lessen the activity of sensation, or even to pervert it. It appears to me that the predominant importance attached to the mental symptoms of insanity separates this complaint, as distinct in kind from general disease, and deprives it of the benefit of many analogies, by which it is in effect connected with other disorders.

continuous form. Up to that point the progress of the disease lies ordinarily through paroxysms or exacerbations, diminishing in violence, but increasing in duration.

I shall not attempt to separate in arrangement treatment from pathology. We cannot but view these considerations as inseparably interwoven, since we find the character and course of the disease determined by the treatment which we adopt. Our means of cure may be briefly enumerated: they consist of occasional cupping or bleeding,—of the use of issues or setons,—of continued purgation, of nauseating medicines; finally,—of the class of sudorific and refrigerant medicines. To this last-mentioned class of remedies we attach, however, very secondary importance.

To suit in the choice of purgatives the constitution, the feelings of the patient, the state of his stomach, of his biliary secretion,—these are points which, duly attended to, cause the process of which I have presented so brief and simple a statement to assume a very complicated form. We have already taken notice of the efficacy of this treatment, as bringing forward and developing the disease. Sometimes it will at once produce a par-

oxysm. I need not say that one symptom is unavoidably created with many constitutions by purgation, thus continued, and unmitigated alike by warm ingredients or stimulating diet; I mean flatulence. But the treatment must not on that account be suspended; except so far as in substituting for purgation the cupping-glasses or the lancet.

Flatulence, as well as other phenomena of indigestion, is probably more often dependent in this disease upon the state of the brain than upon the influence of violent purgatives. Thus it is often ushered in by increased action of the carotids and considerable mental excitement. Indeed in other diseases we have seen flatulence so often immediately preceded, that we have had a right to consider it occasioned, by mental excitation, or, in other words, by disordered cerebral action. In cases of this kind, where warm and stimulating purgatives have entirely failed to remove the symptom, it has been relieved by cupping or bleeding.

The precise degrees of exacerbation, which at this period call for occasional bleeding, I cannot point out. I can only state our general principles, and leave their application

to the tact and judgment of such medical men as may be desirous of ascertaining their practical truth.

The approach of a paroxysm is notified by the eye, the pulse, the carotids, the flushing of the face, the augmented diurnal exacerbations of the patient; finally, by mental symptoms. Often in this disease, as in apoplexy, the mental faculties seem to obtain activity, if not correctness, for a short period previous to the attack. A paroxysm is throughout to be resisted by medical means: but those adopted, while it is impending, seem most effectually to determine its magnitude. On the question of depletion during the paroxysm there are contra-indicants to be considered. The patient is in danger from exhaustion. Depletion has a direct effect in weakening him, an indirect effect in preventing his weakness by lessening excitation. These views are important, and render it very difficult to seize the point to which depletion may be carried during the paroxysm. To wash the head with cold lotions, to apply leeches to the temples; these are measures certainly safe, and often of the greatest advantage.

When the patient falls a victim to the par-

oxysm, he sinks, as in continued fever, with symptoms of exhausted power. The death of phrenitis, with which disorder the paroxysm of insanity has many points of contact, is ordinarily comatose, and is attended by stertorous breathing. In the paroxysm of madness, as the face becomes hippocratic and the skin clammy, or even at an earlier period, consciousness, and even the power of thinking connectedly, and of conversing, is often regained.

Sometimes indeed the complaint exhausts itself in one great paroxysm, and out of that at once becomes continuous. Sometimes, though rarely, it will terminate with the paroxysm. We regard this, however, as one of the most important advantages of continued depletion, that such violence of paroxysm is usually prevented by it; since violent paroxysms are often fatal to the patient. Yet are they the effect of that misjudging cautiousness which intermits depletion as unnecessary during the remission, or even prepares a portentous reaction by prescribing tonics to obviate the effect of previous depletion. Our treatment appears at once to bring forward and to modify the states of excitement

in madness. Such have been its effects where the disease has been proceeding for months, even for years, in the form at first described; symptoms increasing indeed, but maintaining their passive character. At such a period, by bleeding and the use of purgatives, we have at once brought forward the disease in the shape of modified paroxysms. Had it continued its sullen march, it would at its own time have burst perhaps into a fatal paroxysm, or have slowly proceeded into fatuity.

But it is to be observed, that in those forms and at those periods of the disease, when melancholic symptoms predominate, the exacerbation of the remittent stage assumes rather the character of deepened gloom than of active violence. The patient is then exceedingly constipated ; his fæces are black ; the action of his carotids is strong, and very disproportionate to that of the radial artery. During the fiercer paroxysm he is bent on injuring others : at this period it is his own life at which he aims, and which he too frequently succeeds in destroying.

If we are correct in our sentiments on the subject of depletion, we are bound to impress them on the minds of those who start at the

debility occasioned by depletion, continued even into the apparent intervals of the disease. If the patient *be* weakened during the remission, he is on the other hand ensured against falling a victim to the paroxysm. But he often gains strength and even flesh during the continuance of this treatment, particularly when the disease is connected with a vitiated state of his digestive organs. It is remarkable that the patient often draws a distinction between the debility occasioned by depletion, and another more oppressive form of it, from which depletion relieves him. He professes himself content to accept the former in exchange for the latter.

I have thus viewed the patient under a paroxysm, and during a remission ; and have interwoven, in this view, treatment and pathology\*.

Something I must say on the use of sedative remedies. My father has used stramo-

\* We are not conversant with the periodically intermittent form of the disease described by Dr. Pinel. He observes, that the treatment which we propose mitigates paroxysms, shortens the intervals between them, and brings the disease into a continuous form. We presume that it would *tend* to produce this effect in the periodically intermittent disease, as well as in that which intermits irregularly.

nium and belladonna till the fauces have been rendered dry, and the pupils dilated by the latter remedy. He has never seen decided good obtained from their use, except once, when he treated with stramonium a case of puerperal *mania*. Opium he has only once found beneficial ; here insanity had been produced by long intoxication. Opium in this case quieted the extreme irritability of the patient.

We have had occasion to observe, that the patient is more liable, during the remittent than during the continuous form, to catarrhal attacks. The duration of this stage seems inclined to be proportionate to the reasonableness of the patient during remissions. But it may be observed, that statements probably very accurate have, during such remissions, been deemed maniacal. The patient, experiencing sensations, for which language furnishes no terms, is obliged to *coin* appropriate expressions, which must appear extravagant, since they describe feelings with which we have no sympathy.

It happens occasionally that the patient recovers from this remittent stage of the disease, and never proceeds through its conti-

nuous form. Experience has taught us to hold such cases comparatively unsafe. They will usually be found to take place in persons with whom the disease appears hereditary. I need scarcely observe, how extensively experience is in favour of the fact, that diseases are burdened with certain conditions, and that, unless these are duly performed, the malady must run its course over again.

In viewing insanity as most liable to recur, where it is transmitted from parents to offspring, we do not mean to assign it, under these circumstances, a treatment different from that which we have recommended to the disease in general ; though prudence would demand that such a treatment should here be persisted in for a longer time than would be necessary in ordinary cases. It is indeed impossible to justify the very broad line occasionally drawn between this and other forms of the disease. It supposes a difference in kind, where there is in fact no more than a difference in degree. The more closely we investigate the relations which subsist between parents and their offspring, the more convinced we become of the close affinities, which bind them together, in respect of the morbid as

well as the healthy phenomena both of mind and body. The rheumatism of the son presents common symptoms with that of the father; colds and sore throats are contracted in the same manner, and pursue similar courses in these two persons. The common uninheriting maniac exhibits properties during the disease, which evidently belong to the character and constitution of his parents, though they should never have been insane. In *them* the predisposing structure or the occasioning causes have not existed in a sufficient degree to produce the disease. When insanity has followed a family for many generations, it is to be concluded that the causes which predispose and which excite have co-operated in that family to a very high degree. But even here the disease, when it occurs, may be cured; the occasioning causes may be avoided.

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I proceed to consider, what we have termed the continuous stage of the disease.

In following the patient through this stage, it is easy for the physician to fall at different times into opposite errors. He may erroneously consider the patient incurable, from the

unchanging course which sometimes he pursues for months ; or deem him cured, when this point is not gained, in consequence of that high degree of mental propriety which he exhibits during the latter period of the disease. While, however, mental symptoms are wearing the appearance of health, we find the patient's stomach capable of enduring the strongest emetics almost without nausea. I need not urge that some important disorder of function is indicated by such impassiveness ; and I have already observed, that the rectifying every such sympathetic disorder is requisite, according to the plan which I am stating, before a cure can be effected.

With regard to the unchanging progress of the disease at this period, attentive observation tends to give it a more varying appearance.

A paroxysm of the remittent stage might be viewed as a type of the continued form of the disease ; which seems, in this point of view, a paroxysm expanded, as it were, and losing in severity and violence what it gains in extension. This view agrees with the character which we have already given it, of having exacerbations less marked, and remissions less

complete, than those which occur during the remittent stage. We have generally observed that the daily exacerbation and flushing of the remittent stage occurs in the morning ; that of the continuous stage in the afternoon.

The terminations of the continued stage are various ; it may end at once as far as mental aberrations are concerned, and the patient may be instantaneously restored to the fulness of his intellectual powers, and to a correct state of his moral properties. Meanwhile its physical progression has probably been of a less rapid nature. The disproportion between the arterial action at the neck and wrist has been gradually diminishing ; the bowels and the stomach have been regaining their sensibility to stimuli, the complexion resuming its colour, the fæces their natural state,—the exacerbations becoming less marked. The improvement, however, in mental symptoms, is ordinarily as progressive as in those of the body.

I have already urged the general necessity of practising daily depletion throughout the continuous stage. It must not, however, be pushed at this period to the same extent as formerly. Strong purgatives, even when their operation

has not been violent, will often, during this stage of the disease, produce fainting. The use of caustic issues behind the neck has apparently done good at this period. The recovery of a patient out of the continuous stage has been evidently promoted by the copious discharge from a burn, which she had contrived to inflict upon herself. During the remittent stage, a similar accident has occurred, without effecting any alteration in the disease.

During the continuous stage of mania, there is often a capricious and fanciful depression of strength, which is lessened by the very processes of depletion, to the previous operation of which, the friends of the patient are ready to impute such depression. Often indeed there occurs much real weakness, attended even by anasarca. Such a state may appear to indicate the use of tonic remedies, nor do we urge that such remedies are never beneficial to the patient; we only assert that they do harm as far as the disease is concerned. The enfeebled frame of the patient may demand their assistance; but, while they are operating, mania is regaining ground. It will at all events be less dangerous

to strengthen him by a tonic regimen than by tonic medicines.

My father has often and successfully employed the treatment which I have described, in cases in which the patient had previously been submitted to courses of strengthening medicines, with present advantage, but always with an aggravated return of symptoms.

Certainly, in these patients, there has often appeared such weakness of pulse, such yellow paleness of visage, such prostration of strength, as might have seemed to justify the employment of tonic remedies in their fullest extent. Again, if efforts made without avail to resist sensations of feebleness and muscular debility could prove the reality\* of such feebleness, it has possessed the strongest evidence of its being genuine, that proof of this kind

\* I am aware that the terms "real" and "unreal," in their original sense, express an opposition, which I should be unable to substantiate in their present application to certain states of weakness. I need not, however, urge how frequently we are obliged to resort to analogical terms, which we do not pretend to use in their secondary sense to the full extent of their original meaning. All that can be expected is, that when we make use of terms thus obtained, as instruments of reasoning, we should not forget the limited force of signification, which is all that they are entitled to.

can supply. Where the philosophical efforts of a well-regulated mind, assisted by bark and steel, have been defeated, the patient has obtained strength out of weakness, and has been re-established by a course of uninterrupted, though gentle, depletion.

There is indeed one way, in which these tonic preparations are liable to benefit the patient, in as far as the disease is concerned, with considerable danger to his constitution, or even to his life. Thus tonics may stimulate the languid disease into a paroxysm. But if we were formerly correct in asserting that the paroxysm, unmitigated by prior depletion, is dangerous, what must it be, when occasioned by stimulation ?

With regard to its mental symptoms, the continuous state exhibits more of those which are characteristic of insanity, than appear in the remittent stage of the disease. The ravings of a paroxysm are common to mania with phrenitis, but in the continuous stage there is aggravated perverseness, and the dream of the mind is broken by no lucid interval. It wanes, indeed, and dies away ; but, while it lasts, it is as uninterrupted as are the physical symptoms with which it is closely

allied. When these symptoms have passed over, the recovery is so entire, that the patient has at once been informed of the death of a husband, or of a mother, without the slightest recurrence of the disease.

The case, which I am proceeding to describe, may serve as a specimen of many cases, which have occurred to my father, of the same kind, and pursuing a similar course to the same termination. In this case the melancholic class of symptoms predominated.

The patient, aged 40 years, had previously enjoyed a very fine flow of even spirits. Without any apparent cause, he became miserable and melancholic, and entertained frequent thoughts of committing suicide. The disorder had now lasted about five months, when my father first saw him. The pulse at his wrist was then frequent and oppressed, that of his carotids strong and vibrating. His tongue was rather foul ; his skin above the wrist hot almost at all times, his hands frequently so. He ate without an appetite, and drank ineffectually a moderate quantity of wine, for the purpose of keeping up his spirits. On being cupped at the back of his neck, he found himself relieved and lighter,

but this alleviation was very temporary. He was forbidden company. A strong purgative was given him every night: his evacuations were dark, slimy, and very offensive. The disease soon entered its continuous stage. While remittent, it had suffered exacerbation of deepened gloom, as far as mental phenomena were concerned. For nearly four months the treatment was pursued without intermission, but with frequent variation of instruments, according as they lost their effect, or as the features of the disorder underwent a change. On purgatives in general appearing inefficient, cupping was resorted to from time to time. If at any time the medicine should have failed to produce its accustomed effect, immediately the fæces would resume their ill condition. When these should have acquired a more healthy character, the patient would own himself better; but this amelioration would last but for a few hours. His nights at length became more comfortable; his midnight horrors ceased. The occasional shiverings, the daily flushings, no longer occurred; his hopes and prospects brightened in the same ratio as his skin and visage; his bodily strength improved under the disci-

pline: within the period above mentioned he was perfectly cured.

To success in executing the plan of treatment, which we have laid down, we consider it essential, that the physician should pursue this plan with the most accurate daily attention. The prominent feature of it is certainly depletion; but this, as we have already observed, may be infinitely modified, so as to produce the effects ascribed to it with the greatest certainty and the least debilitation. It is indeed, conceivable, that the formidable instruments which we recommend, if rashly wielded, may have no other effect than the producing weakness, which is unavoidably connected with their employment. They are efficacious, in as far as they mitigate a state of excited circulation;—their application must be continuous and prolonged, inasmuch as the state of excitement is thus characterized. But if, in applying these instruments, we overlook phenomena that are causing or promoting excitation, we are pouring water on the flame, and feeding it with fuel, at the same instant.

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I proceed to consider the sympathetic or

simultaneous derangement of other viscera beside the brain, which occurs in the course of the disease.

Its influence would indeed appear to be widely exerted over the viscera of organic life. In the heart it produces throbbing and palpitation, giving an appearance of local disease ; in the stomach it is attended by many symptoms of disordered function, more peculiarly by capricious inappetency or voracity, and by a sense of oppression which ensues upon eating. I have already alluded to that sense of sinking and depression, which the maniac refers to the epigastric region, and which he strangely describes as occupying a local point, whence a train of gloomy feelings frequently take rise. I have dwelt on the impassiveness to stimuli of the stomach and bowels. The paroxysm, out of which the disease has become continuous, has been preceded by obstinate retention of urine. An excessive and vitiated secretion of bile is well known as frequently occurring in this disease, particularly in its more melancholic forms. Thus cholera morbus has taken place, either alone, or in conjunction with an acute affection of the

part, which has apparently amounted to hepatitis. When cholera morbus occurs under such circumstances, it cannot safely be arrested by any other means than by purgation.

A patient, during the continuous stage, has suffered an evident exacerbation of mental symptoms. She is become almost ideotic in appearance; her face is yellow; her strength is extremely depressed, so that the processes of depletion seem almost to require intermission; and a question arises relative to the use of tonics. After a short course of calomel she is attacked by violent sweatings, and utters piercing cries, during which she passes some gall-stones, and instantly obtains entire relief from this train of symptoms. Here the supervening affection aggravated, while it lasted, in the highest degree, the cerebral disorder. This is indeed a very frequent occurrence. Irregularities in the abdominal viscera, originally symptomatic of the state of the brain, have reacted, as it were, and increased the disorder, on which they had supervened, to a formidable degree.

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I have thus described the remittent and continuous stages of the disease, and have spoken of the viscera, deranged by sympathy or simultaneously in the course of it. These considerations might appear to constitute the most important points in the view which we are taking of mania. There remains however a division of the subject, fully equal in importance.

No malady assumes more varied shapes than the one which we are describing, or appears more frequently to disguise itself under the semblance of other diseases. To obtain diagnostics, by which such a simulation may be detected at an early period, is necessarily of high importance, if indeed the view of insanity, which I am taking, be correct. Certainly that point will not be attained, until the physical symptoms of the disease may have engaged more attention, than they enjoy at present.

We have witnessed madness counterfeiting inflammation of the liver, commencing with rigors, and with a secretion of bile as profuse as in cholera morbus. While the disease maintained this form, it was marked by a very desponding state of the patient, which

might have supplied the means of detecting it. After continuing about six days, the biliary evacuation ceased. Maniacal paroxysms made their appearance. They had not been preceded by sufficiently active depletion: in a short time they carried off the exhausted patient.

I shall state another species of accession in mania which may easily deceive the physician as to the nature of the disease. Such an error may here, as in the last case, endanger life, inasmuch as it may prevent the depleitory measures that ought to be enforced at an early period. The patient, whose case I shall describe, aged about forty years, had been for some time indisposed in his stomach: previously to this indisposition, his biliary secretion had been extremely disordered. Of late, two or three times in every twenty-four hours, he had suffered violent spasmodic pains at the epigastric region. These he at first relieved by brandy, afterwards by warm fomentations and doses of calomel. One morning he arose without any feeling of increased indisposition. While dressing he was seized with faintings and sickness, the power of will over his extremities was suspended, particu-

larly over those of the right side. These symptoms were succeeded by a shivering fit, which lasted two or three hours, and ended in drowsiness, and partial derangement of intellect.

In the afternoon a strong purge was given him: early in the evening he was carried up to bed totally helpless. During the night he slept much and heavily; his bowels were moved twice. On the following morning my father saw him: a state of excessive febrile excitement had ensued, and with it a complete maniacal paroxysm. He was blooded, the blood exhibited a buffy appearance, and cupped. The most distressing hiccup now came on, as incessant as it was violent. Two hours after the first bleeding he was bled again: a dose of calomel and salines was given him. The bowels however continued inactive through the whole day. The patient was perfectly unconscious of every event that occurred near him. He muttered incoherently with an altered voice. The expression of his countenance had become almost idiotic. There was great difficulty of swallowing, and constant hiccup. He made, however, no complaint of bodily uneasiness.

The next morning, as little or no urine had

been passed, and as the patient had formerly been troubled with nephritic complaints, my father ordered that he should be cupped on the loins. In the evening he was blooded again; the blood was as inflammatory as before. No evacuation having yet been procured, an injection of oil and asafœtida was prescribed. This appeared to produce a strong sensation, from the signs of general restlessness which ensued, and which were followed by a motion.

Next morning an excessive discharge of urine took place, succeeded by diarrhœa, which lasted the whole of the day, and continued through the night and the next day. The pulse every hour appeared to be sinking; the hiccup had ceased; the patient was incapable of moving; his skin was clammy, and there was every appearance of approaching death. Thus passed the night of the last-mentioned day. Next morning there was little alteration as to outward appearance. The patient was allowed small quantities of rum and milk: the pulse rose a little. During this day he slept much; the diarrhœa gradually abated, having been hitherto enormous. Next morning there was a partial return of intel-

lect; the bowels continued quiet through the day and night; the patient was visibly improving: from this period indeed he rapidly proceeded to a complete recovery.

There are common points in this and the last case which it is important to observe. In both cases diarrhoea took place. In the latter this symptom ended in, and apparently tended to produce, recovery: in the other, it merely delayed those paroxysms which ultimately destroyed the patient. May not the co-operation of bleeding with diarrhoea in the one case, its scanty performance in the other, account for this difference in the events of the cases?

In the latter instance, the disease exhausted itself (if I may use the expression) in one severe and dangerous attack, without proceeding into the continuous stage.

It would be difficult to give more attention than is deserved to these acute forms of attack in mania. It is in these attacks that medical promptitude and energy is indeed imperiously demanded, both as shortening and as mitigating the disease.

The subject of the following case, aged twenty years, had for some time shewn many

signs of more than usual capriciousness and ill temper. Having, on one occasion, been much ruffled, she went to bed at her usual time, and woke about midnight with a violent shivering fit, which lasted about an hour, and ended instantly in excessive perspiration. This form of the disease is attended with great alarm on the part of the patient, particularly during the cold fit. During the hot fit the heart is beating furiously, and making the chest feel as if it were at the point of bursting. The paroxysm going off leaves a melancholic remission, with a marked sensation of that sinking at the stomach, and sympathetic increase of anxiety, which we have described. The paroxysm is likely to recur in about a week ; after that it will be reproduced at irregular periods, as exciting causes are occasionally applied.

My father has seen a regular intermittent pursue its course to a favourable termination, with the occasional occurrence of paroxysms, such as we have recently noticed. The medical attendant took blood on all these occasions, with marked advantage to the patient. It has appeared to my father that madness, beginning with paroxysms of this

nature, is connected with much hereditary predisposition. The patient, whose paroxysm we have lately described, exhibited a mental symptom that is often observable in persons highly predisposed. She spoke of and anticipated the occurrence of madness with much less apprehensiveness than is usually felt with respect to that disease.

These forms of attack are highly deserving of attention. We cannot at present exhaust the subject of irregularities in mania. Symptoms of uterine affection, with extreme muscular weakness, have met with a mildly tonic treatment, until they have burst forth in the shape of palpable madness. The uterine affection then subsides ; the maniacal one, which it cloaked, continues to rage : meanwhile the patient has incurred the danger of a fatal paroxysm, owing to the disease having been tardily ascertained.

There is indeed no form of the disease in which the depletory treatment assumes so much importance as in puerperal mania. There it seems to exert great efficacy as a preventive, as well as in the cure. The effect of strong and warm maternal feelings,

as increasing liability to the disease, is well known. It has been observed to us by an eminent accoucheur, that wherever, in a person of such feelings, he should be inclined on general grounds to take away any given quantity of blood, he should be induced, by observing this state of feelings, largely to increase the quantity.

The apparent conversions of apoplexy into mania may easily be accounted for. The apoplexy in this case has been cured; yet a sufficient degree of arterial excitation has been left behind to cause mania in the predisposed brain.

I need not urge that mania, thus occasioned, has a peculiar right to the treatment which we have recommended.

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I have thus described the disease agreeably to the view which we take of it, with reference to its general character;—its remittent, its continuous, form,—affections of other organs than the brain, whether sympathetic or merely simultaneous,—certain peculiar or undescribed forms of the disease. We

may still be asked, on what grounds we form our anticipations of the event of mania? in technical language, what is our prognosis?

We do not consider long prior duration of the disease in itself, and absolutely, an unfavourable circumstance. If the disease have passed into its continuous form, without the co-operation of medical discipline, this we hold an unfavourable occurrence. The disease may, however, at the end of many years, still be remittent, with nearly the same symptoms with which it commenced. In the continuous state œdema is a frequent precursor of recovery. Should the disease go backward, and a paroxysm or severe exacerbation be threatened at this period, as the action of the carotids rises, the œdema will suddenly disappear. The safest grounds of a favourable anticipation are an amendment in the appearance of the general health, denoted by improved clearness of the complexion, a more natural expression of the eyes, an equable pulse at the wrist and neck, a disappearance of the daily flushing, and a freedom from excitement, hitherto ensuing on the use of strong purgatives, or on bleeding. I may add, as highly important

among these phenomena, an improved readiness in the stomach and bowels to obey emetic and purgative medicine. Our further opinion on the subject of prognosis may be found interwoven with the general view, that we have taken of symptoms and treatment.

## CHAP. IV.

*Objections considered.—Against our Pathology, as being exclusively humoral.—Against a depletory treatment.—Objections founded on a View of the Diseases, as being occasionally asthenic.—Relative Importance of moral Regimen.*

I HAVE given in the two last chapters some account of the pathology and treatment which we recommend in mania. I do not consider myself as leaving this part of my subject when I proceed to answer existing objections to our views, as well as to anticipate other objections, to which we may consider ourselves liable. Hitherto I have contemplated our opinions in the form and colours which we have ourselves bestowed on them. I have now to view them, such as they may be represented by less partial observers.

In the foregoing statement I have not aspired to the giving a complete history of the disease which I have endeavoured to elucidate. I have described certain essential features of it, which go to constitute what is technically called its proximate cause. Such are the continued arterial excitation, the oc-

casional exacerbations of this state, which we observe in mania. This view has been sufficient in relation to the object at which I have aimed ; namely, the illustrating its physical symptoms and medical treatment.

Of remote causes, whether predisposing or exciting, I have said nothing. Certainly the exciting causes would constitute an important article in a work which should pretend to give an inclusive view of this disease. Nor should I be *morally* authorized in the present instance to overlook these causes, if I considered them as influencing the principle of treatment which I have laid down. Whatever difference may exist in the forms of the disease corresponding to the variety of its exciting causes, we observe in them certain common features ; and we find these phenomena demand the treatment that we have described.

Of predisposing causes, whether placed in external circumstances, or in a peculiar modification of brain, rendering it liable to receive impressions that excite the disease,—we consider ourselves equally independent as far as our proposed view of mania is concerned. Our neglect of the latter branch of

predisposing causes is however connected with an apparent objection against our system which I shall instantly proceed to consider.

The sketch that we have given, the measures that we have recommended, might appear, from their reference to the state of the circulating fluids, to argue that our pathology is exclusively founded on a consideration of these fluids. We are, however, sufficiently aware that the solids of the brain are probably adapted, by some peculiarity in their structure, to be affected by this increase of activity in the circulation. Thus, in two persons, drink may evidently produce an increased determination of blood towards the head : in one of them a high and intemperate flow of spirits may result from this determination ; in the other, a maniacal paroxysm may be its consequence. The difference here is apparently to be found, not in the state of the circulation, but in the state of the brain. Nor are we disposed to deny that peculiarity of structure probably influences the flow of blood towards this part, as well as towards other parts of the body. Thus, in many cases of exacerbation, the train of extravagant thoughts appears to precede, in point of time, the in-

crease of arterial activity. In this instance the affection of the fluids appears to be secondary to some other affection, which we cannot easily avoid imputing to the solids of the brain. I may add, that in persons, whom, on general grounds, we should consider predisposed to mania, the cerebral circulation mounts more rapidly up to a certain pitch than in other persons. This fact is obvious in the readiness with which the face flushes : the head becomes hot, the carotids are rendered strong and hard, in such persons. Is not this probably the effect of structure influencing circulation ?

These considerations are sufficiently strong to induce us to suppose, that in every insane person there probably exists a maniacal state of brain, (if we may use the expression,) as well as a state of arterial excitation adequate in concurrence with it to produce the disease. If this state of the solids has not been alluded to in the course of my remarks, I have but one excuse to offer, namely, that we have not observed any curative process that can be founded on a view of the solids of the brain.

I have hitherto considered the errors of

omission with which we may seem chargeable; I proceed to other faults, of a less negative character, which may be found with us.

The basis of our system, the depletory process which we recommend, is liable to objections, which are at least plausible. Can depletion, it may be urged, be the necessary, the natural, mode of cure, in those forms of the disease in which it exhibits from its commencement extreme muscular debility and depression of power, and in which, though there may be excitation, there is certainly weakness?

The phenomena of febrile disease have sufficiently proved that increased action, whether combined with augmented vigour or with weakness, may depend, at one period or another, on depletion for its cure. To this fact we have waded through the ingenious but fatal errors of the Brunonian theory. But, in mania, weakness would often appear dependent on some unknown condition; by removing which, depletion removes such weakness. Thus we have often observed patients regaining strength under the discipline with which we have combated their excited pulse, in spite of its weakness.

As bleeding is very prominent among the depletry measures which we recommend, we must attentively consider an objection, which seems to operate against its use in many female cases.

With a plethoric habit, its direct utility in promoting menstruation is allowed; but, where the habit is not plethoric, we seem liable to cause a dangerous substitution of bleeding for the act of nature. Yet we go so far, as, in many cases, to order a plentiful bleeding a short time before menstruation is to take place; contemplating the temporary excitation attendant on that process.

On this head I have to observe, first, that we have never witnessed an interruption of the catamenia traceable to bleeding; secondly, that we should not consider the occasional occurrence of such a phenomena as worthy to be weighed against the general importance of bleeding. In mania, to which amenorrhœa had apparently been an exciting cause, we have cured the disease before we have removed the amenorrhœa. The catamenia have here been resumed as the general habit of the body has recovered its propriety.

The celebrated Dr. Ferriar, in speaking of

bleeding\*, observes, that the repetition of this remedy is nice and difficult, as it is seldom capable of removing the disease without the conjunction of other methods, and as an extraordinary loss of blood may precipitate the patient into an irrecoverable state.

That bleeding cannot remove the disease, unassisted by other remedies, we readily admit. That its repetition, indeed its use, is "nice and difficult," we strongly assert ourselves. The bleeding which we recommend, though often copious, is never indefinite and vague: for instance, it is not periodical. Other medical men might indeed disagree with us as to the urgency of our reason; we, always, however, are conscious of possessing one, both for the measure, and for the time at which it is adopted. There is increased quickness of the pulse at the neck or wrist, flushing of the face, approach of catamenia in constitutions disturbed by this phenomenon, unusual resistance to purgatives, high mental excitation.

With respect to bleeding, as liable to precipitate the patient into an irrecoverable form of the disease, this consideration leads me to

\* Medical Histories and Reflections, vol. II. p. 97.

review an opinion of the same nature, entertained in a neighbouring country.

I have heard in conversation with French physicians, and read in their works, that depletion pushed far, and long continued, leads to a passive form of the disease, very difficult of cure, if not incurable\*. This form of the disease they term *démence*. We also view general depletion as leading to a less active form of the disease, which we call its continuous stage; but we view this form of mania as a natural forerunner to recovery. Here is an apparent difference of opinion: under which we should, in any particular case, either admit, that depletion has been carried too far, or assert that it has been desisted from too soon. In the first case†, it is not inconsistent with our views, that the complaint should terminate in fatuity. In the second case, we argue, that the disease has proceeded through its natural course into the continuous stage, which we view indeed, as ending in recovery, if duly followed by consistent depletion, in death or incurable madness, if this process be neglected.

\* Dictionnaire des Sciences Medicales, p. 287—292, tom. viii.—Pinel sur la Manie, p. 262.

† See note at the end of the chapter.

Mr. G.\* , a physician at Paris, is attacked by madness : the disease is at first what we should term remittent, with severe paroxysms. During its successive exacerbations, he is placed in different establishments for the reception of the insane, in which he finds present benefit, but relapses on leaving these establishments. In two years his madness has assumed its continued form ; but such a continued form as we apprehend the disease is liable to run into, when methods of depletion have not been both resorted to and continued.—“ Il devint triste, taciturne, mal-“ propre, apathique, indifférent à toute “ espèce de sentimens, même à la honte.”

After this state had lasted five years, and most probably had sunk into fatuity, M. G. falls a second time into the hands of M. Dubuisson.—Weak, emaciated, leaden in complexion, he is submitted by this physician to the action of a medicine, which might, at an earlier period of the disease, have largely contributed to his recovery : I mean the extract of black hellebore. This medicine takes ample effect ; the patient sinks, and dies.

In this case we feel authorized by expe-

\* Dubuisson sur les Vésanies, p. 258.

rience to assert, that depletion, such as we recommend, commencing with the disease, and persisted in without intermission, would have developed the continuous form at an earlier period, and through it have probably conducted the patient, not to idiotism and death, but to a complete recovery.

In the work\* of Mr. N. Hill, the disease which I have been describing is divided into two kinds:—Insanity is, according to him, either sthenic or asthenic. These kinds are, in his general description, almost exactly opposite to each other. Thus Mr. Hill gives the same priority of importance to a tonic and stomachic regimen, in the asthenic form of the disease, that we, attribute to depletry treatment in the disease, viewed as a whole, and not undergoing *any* division.

Where the discovery of truth is the purpose of investigation, it is natural that we should be desirous of lessening that interval which separates us from those who may apparently hold contrary opinions. On this principle I shall attempt to approximate our views of the disorder to those of Mr. Hill.

It may be sufficiently collected, from what

\* *Essay on the Prevention and Cure of Insanity.*

I have already urged, that to us the disease appears, in essential points, the same in all persons: its treatment, according to this view, is universally the same,—modified in activity by difference of constitution, but continuing the same in principle. Thus, when Mr. Hill finds a difference in kind, adequate to form a basis for a division, we find no more than a difference in degree. Yet, in the detail of his remarks, particularly where treatment is concerned, there are grounds for hoping that our opinions are not so remote from his as might at first be feared.

\* “ Some apparently low asthenic cases,” he observes, “ will, upon close examination, “ be discovered to belong to the mild asthe-“ nic class :”— he † guards the practitioner “ against a too early or indiscriminate di-“ rection of tonic stimulants.”

Mr. Hill observes, that “ ‡ a considerable “ majority of those deranged persons, who “ had been placed under his care, had been “ previously submitted to the antiphlogistic “ regimen. Hence,” he proceeds to say,

\* P. 274, Hill on the Prevention and Cure of Insanity.

† P. 341, ibid.

‡ Ibid, p. 344.

“ it has been necessary to attempt their relief by an immediate, though gradual, recourse to opposite measures, which have always proved serviceable in nearly exact proportion to their timely or late application, and to the regular steadiness and patient perseverance with which the new arrangement has been carried into effect.”

Consistently with our views, I am obliged to doubt whether the antiphlogistic treatment, of which Mr. Hill speaks in the above paragraph, had not gone far to remove the disease, before his tonic process had been set on foot. When the depletory treatment has been conducted for a due length of time, we are well aware that a strengthening diet is allowable as far as the disease is concerned, and demanded for the restoration of general health. If our doctrine, relative to the continuous stage of the disease, be correct,—if we be correct in viewing this stage as a precursor to recovery, and, at the same time, as displaying many symptoms, which might seem to indicate an inveterate and established disease,—I am authorized to suspect that Mr. Hill may have viewed many of these cases as desperate, which were pro-

ceeding towards a cure, and may have ascribed recovery to tonics, where it had previously been secured by depletion.

A female patient had been treated by my father. Habitual constipation had been overcome ; restless nights quieted ; daily flushing subdued ; the pulse of the carotids had been reduced to its just proportion. At this point my father lost sight of her ;—the treatment was suspended rather at an earlier period than that at which he would have allowed it to stop. In a short time the patient was well. If it be admitted that strengthening diet was serviceable to her, we surely are not authorized to think that it was serviceable in obviating harm done by antiphlogistic measures. This case however may be nearly analogous to those, which constitute, according to Mr. Hill, the majority of his cases, in which he combated, with so much success, the erroneous treatment of such physicians, as had preceded him.

Among his asthenic forms of the disease, Mr. Hill describes one which illustrates our opinion respecting the possible existence of madness, demanding “antiphlogistic” treatment, where there is great general debility.

"Uterine affections," he observes, "appearing in the decline of life, connected with mental dereliction, are extremely troublesome, often affording very discordant symptoms, indicating a dubious treatment, such as a fulness in the head, leading to repeated bleedings, while every symptom of debility and impending melancholia is manifest. Such patients commonly complain of vertigo, pain of the head, a corded feel round the whole skull, resembling what is sometimes experienced subsequent to local injury of the brain, and great mental disturbance. Under these circumstances hyoscyamus, combined with aloës and antimonials, has proved singularly serviceable; but particularly so where a small caustic issue has been formed near the basis of the occiput\*."

Whether the expressions here used are to be understood as in some measure authorizing venesection, under these circumstances, I cannot determine. Aloës, antimonials, and hyoscyamus, with a caustic issue, are remedies which we should willingly employ, where

\* Hill on Insanity, p. 353.

such a collection of symptoms should present themselves as has been described above.

I have thus alluded to points in Mr. Hill's view of asthenic insanity, which lead me to suspect that we are not so remote from him in practice as our difference in terms might have made it appear.

It will be observed, that those diseases, which Mr. Hill refers to asthenic insanity (as opposed to that which he terms sthenic, and as requiring a general tonic treatment), are viewed by us in a very different light. We consider the disease as universally the same in kind, but differing in activity, according to the diversity of constitutions ; always, however, depending primarily on depletion for its cure. That the disease does not justly admit of that division which Mr. Hill assigns it, we infer from his being obliged to admit so much "sthenic" treatment into his asthenic form of it. I may add also, so much *sthenic* pathology ; for of what other nature can that description of symptoms be called, in which Mr. Hill talks of "the unequal excitement," throbbing temples, burning, aching forehead, restless eyes, and thundering ears, of the distressed asthenic \*?"

\* Hill on Insanity, p. 356.

I have already alluded to the dangerous errors produced by nosology, where it separates diseases which are not naturally disjoined.

I have given no account of the mental regimen to be adopted, and the mental symptoms to be observed, in mania.—On this point I have only to observe, that such symptoms and treatment may be found amply digested in other works. It has been our object to push into notice the comparatively neglected tribe of physical phenomena. I shall, however, say a few words on their mental concomitants.

Certainly neither in mania, nor in any other disease attended by symptoms of disordered intellect, can such symptoms be neglected with impunity. On this head we may appeal to analogy.—If we suspected a disease of structure slowly proceeding in the stomach, we should not recommend carelessness in regard to the flatulence, the indigestion, the generally disordered functions of that organ, merely because we cannot rely for a cure upon remedies directed against these symptoms. We should indeed be aware, that inattention might aggravate the disease, and that regard had to these pheno-

mena would assist the process that is directed at its cure.

Thus, in mania, we are aware, that the functions of the labouring brain require the most attentive management. The occasioning causes of the disease are indeed often mental. This circumstance alone may instruct us, that mental stimulants can heighten and aggravate it. Nay, the very performance of orders relative to medical treatment will depend in many instances upon the adroitness and the attention to feelings with which it is conducted. In this case, as in many other diseases, we admit that such attentions applied in a certain extent are essential. It is their comparative, not their absolute, value, which we disallow. We will suppose a patient left negatively, if we may use the expression, in respect of moral regimen. He is continued in the same comfortable state which he was in before he became insane;—he is treated, when violent, with humanity, but he is repressed by the strait waist-coat. No precaution is taken to break morbid associations—no care to furnish him with others that are agreeable—no attempt to make an impression by well-chosen appeals upon his

wavering intellect. He is treated mentally as if he were in health, except that his sallies are forcibly repressed. Allow us the medical regimen which we have sketched, and we shall indulge fair hopes of curing the patient. But, reverse the means of cure ; let the degree of medical regimen be no more than analogous to the moral in the first case which we have supposed,—we shall no longer answer for the event : though we are very far from denying, that even here nature may cure the patient in spite of the physician. The cases which we have thus put are imaginary, conceived solely for the illustration of our opinions, and by no means such as we should wish to realize in practice.

Advantageous effects have certainly been gained by stratagems and “ pious frauds,” in quieting the patient, and gaining important points with him. It is unfortunate that the ingenious contrivers should be duped by their own cleverness, and destroy the substantial efficacy of these measures by unduly appreciating them. Such remarks naturally suggest themselves during the perusal of those cases in which the patients were recovered by manœuvres of this kind, under the direc-

tion of Dr. Mason Cox. When viewed as bringing the patient to reason, these stratagems are curious and interesting; when contemplated as curing the disease, and fitting him to leave the place of confinement, they appear, if our views are correct, to supersede the substantial measures from which alone a permanent cure may be expected.

I do not propose to publish a list of cures effected on the principles which have been here recommended. It is not our object to erect, on these principles, a specific treatment that may pretend to burst the slumbers of \* idiotism, or to act with never-failing

\* In pursuing medical research we are continually inconvenienced by the unwillingness of disease to submit to definition. The difficulty of identifying a malady is however by no means in proportion to the difficulty of describing it. To distinguish mania from idiotism in terms is perhaps impossible. Yet the character of idiotism is easily caught; and it has generally constituted a division of insanity, to which mania and melancholy have been placed in opposition.

To what extent this opposition proceeds,—whether idiotism, in any of its modifications, either as it is connate, or as it supervenes on mania, or as it attacks suddenly and acutely,—may be referred, in as far as circulation is concerned, to deficient arterial action in the cerebral mass. This is, indeed, a very interesting question.

Connate idiotism is usually attended by connate malfor-

energy, where this derangement of intellect in its organ may not be supposed to have taken place. From an extensive experience in his own mode of treatment, and in those plans which others have recommended, my father has found reason to consider that which he has adopted the most applicable to advanced states of the disease,—the most certain of effecting a present cure,—the least liable to end in subsequent relapse.

mation. Idiotism, supervening on mania, bears evidence of a concomitant alteration in structure. Experience points out, what probability would previously suggest, that these forms of idiotism are incurable.

There is, however, (if I may use the expression,) an acute form of idiotism. Drivelling imbecillity or total annihilation of thought may be occasioned by fright,—by grief, excessive in degree and suddenly occasioned,—by violent blows. Such is the idiotism thus exemplified by M. Pinel. “ L'an deuxième de la république, deux jeunes requisitionnaires, partent pour l'armée, et dans une action sanglante, un d'entre eux est tué, d'un coup de feu à côté de son frère, l'autre reste immobile et comme une statue à ce spectacle: quelques jours après on le fait ramener dans cet état à sa maison paternelle : son arrivée fait la même impression sur un troisième fils de la même famille ; la nouvelle de la mort d'un de ses frères et l'aliénation de l'autre, le jettent dans une telle consternation et une telle stupeur, que rien ne réalisoit mieux cette immobilité glacée d'effroi, qu'ont peinte tant de poètes anciens ou modernes.”

If idiotism, thus occasioned, depend on deficient nutrition of the brain as a proximate cause, may the cure be hoped from stimulation? Mania, according to Pinel, has cured idiotism.

It is a fact certainly inauspicious to this theory of treatment in idiotism, that we have no means of stimulating, by diet or medicine, corresponding in activity to those depleting measures, which may be enforced when the legitimate treatment of a disease is of the latter nature.

## CHAP. V.

*Opinions, favouring the mental Pathology and Treatment of Mania, controverted—on the Ground of the Pathology and Treatment recently proposed—of Analogy.—Prevalence of these Opinions accounted for.—Conclusion.*

I HAVE brought forward evidence, that the disease, which I am considering, has been viewed, by a large class of modern writers, as a mental rather than as a bodily affection.—I have stated our views relative to its symptoms and its treatment. The obvious tendency of these views is in favour of a different system, as founded upon a contrary view of phenomena.

I proceed to offer some arguments in support of the preference which we give to this opposite system.

Our opinion in favour of the importance of physical symptoms and medical regimen in the forms of insanity, which I am considering, was determined by those views of it

which have been detailed in the foregoing pages. Accordingly, on these considerations, I must ultimately depend, as proving that such symptoms and treatment are primarily important. If the disease possess the symptoms which I have detailed,—if the measures which I have pointed out, as adopted with reference to these symptoms, be attended with the effects which I have there imputed to them,—I contend that I have vindicated the predominance in question.

I am however very willing to resort to other arguments for additional support. I avail myself gladly of that important confirmation of our opinions, which appears supplied by the analogy of other diseases.

Wherever a process of increased vascular action, either slow or violent, attacks the structure of a part, it is to the phenomena which belong to the affection of structure, and not to those which regard function, that the physician primarily directs his attention. He regards indeed function ; but he regards it only so far as its alterations may influence structure, or indicate the progress of the disease. For a ready illustration of this remark, I may refer my reader to the long order of the

phlegmasiæ. In enteritis it is not a consideration of the uses to which the intestines are subservient, or of the modes after which they may be vitiated, that primarily engages us;—it is the pain or pressure, the tumid abdomen, the quick thready pulse, the shivering, the heat of skin, the state of tongue, that attracts our attention. Constipation is indeed considered, not in relation to the nature of the vitiated function, but to the inflamed or over-excited state of that part, of which it is a function.

The more passive and chronic the disease, the more attention will be given to disorder of functions. For this many reasons may be assigned. In such diseases the functions are left in a state of greater activity. The different stages of the disease are indicated in great measure by the mode after which functions are influenced. If ill performed, they may aggravate disorder of parts; if well conducted, they may promote a cure.

Yet, even in chronic affections, any symptom peculiar to the state of structure attracts more immediate and closer attention, than any symptom which regards function. Thus, in chronic inflammation of the liver, though,

amid the obscurity of symptoms directly relative to organic derangement,—such as local pain shooting to the back, pain of the shoulder, occasional shiverings, the affections of the pulse, the dropsy, which supervenes,—we are glad to resort to those other symptoms, which indicate how ill the liver is performing its functions ;—yet I need not urge how much more our practice and our prognosis are influenced by any of the former than of the latter class of symptoms.

Again, if it be conjectured that a process of slow inflammation is proceeding in the pyloric orifice of the stomach, we recognise it indeed in this process by the period at which vomiting takes place, by the rejecting acrid, the retaining emollient, food. We find, by attentive observation, many diætic precautions which soothe the disease : all these considerations principally regard the functions of the part affected. But it will probably be some local process of depletion, by which we shall attempt to arrest the progress of the disease. This treatment has an evident reference to the state of structure.

We certainly do not find the history of such diseases limited to an account of the

different heads under which the vitiated functions of parts may be arranged. Yet in this manner physicians have often appeared to survey analogous processes taking place in the brain and its meninges.

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It is impossible to turn to the writings of the ancient physicians, without noticing the very different nature of their views relative to insanity.

The term melancholy, associated almost exclusively at present with the phenomena of mind, was referred not less exclusively, by its inventors, to physical phenomena. This fact might be inferred from the etymology of the term. It is evident, from the same grounds, as well as from the writings of the Greek physicians, that hypochondriasis was originally received in the same sense.—At present it is popularly viewed as a disease of the mind, though nosology sometimes assigns it a place among disorders of the body.

Divisions, which are at present founded on the attributes of mind, were formerly constructed with reference to physical symptoms.

When Galen \* divides insanity into mania and melancholy, he is determined by differences in the state of the bile. Drs. Sauvages and Pinel found a division, the same in terms, upon the hypothesis that delirium is general in mania, but partial in melancholy. When Alexander of Tralles is proposing to divide melancholy, he views it as caused by blood pent up, or reduced to a bilious and acrimonious state †. When Dr. Arnold is erecting a system, he finds that madness is of two sorts, ideal or notional.

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It appears probable that the subversion of the humoral doctrines of the ancients may have opened a way to metaphysical views of insanity, which have certainly been very prevalent since that alteration in opinion was effected ‡.

\* Galeni Opera. Venetiis apud Juntas. Isagorici libri, p. 56, l. D.

† Alexand. Tralliani, lib. i. cap. 17.

‡ Accordingly the distinguished nosologists, who have flourished since that epoch, have indulged in views of madness strictly connected with its mental symptoms. Cullen drops from his definition of mania and melancholia, the “*morbus diutinus*,” which Sauvages attributes to these complaints. Sauvages, indeed, places this circumstance of

It was natural that the attention of physicians should be more closely attached to physical views, by the very tangible and material phenomena of the humours, than by the comparatively impalpable properties attributed to the solids.

Thus, for the visible affections of the *bile* and the blood, were substituted different degrees of “vibratility,” necessarily partaking in the indefinite and conjectural nature of the fibre to which they were attributed. I shall content myself with quoting, from Dr. Lorry’s Account of Nervous Melancholy, a statement of the extent in which this term *fibre* is employed, when used in reference to the nervous pathology.—“Primum vero pro postu—“lato concedi requiremus,—omnia corporis “humani viscera vasa, glandulas ex fibris “conflari aut membranis a fibrâ nullâtenus “abudentibus\*.” This may be a convenient position in physiology; but certainly the fibre, thus described, must form a

his definition in due subordination to mental phenomena. The definitions given by Vogel and Sagar express none but mental symptoms. Pinel places mania and melancholy among the neuroses of the cerebral functions.

\* Lorry, vol. i. p. 11, de Melancholiâ Nervosâ.

very hypothetical basis for a theory of disease.

We may add that disease, considered humorally, was more obviously within the reach of medical instruments, than when intrenched among the solids of the body. The blood and the bile can be visibly affected by medical means : on firmness and mobility of fibre, no medicine can produce more than hypothetical influence.

The doctrines of the solidists, as applied to the subject of insanity, were likely to tempt research into a metaphysical channel, by their very resemblance to abstract speculation. In passing from the history given by Dr. Lorry of the physical principles on which past impressions are renewed, even when the cause, which originally excited them, is no longer present\*, to the partial excitement and collapse of faculties, by which Cullen ac-

\* *Vibrat igitur ad objecti, cuius tanta fuit efficacia vel solam memoriam fibra sensilis; levius tamen; at ei vel memora præsens impressio antiquos refricat sensus pristinam æquali gradu renovat vibrationem, et acquisitam facultatem quasi servaret repositum fibra, aut ex animæ ipsius penu de-  
promeret, in actum exerit.*—Lorry de Melacholia, vol. i,  
p. 25.

counts for the phenomena of delirium, we scarcely perceive that we are making a transit from the physical to the moral world. The doctrines of spasm have nearly as little reference to physical fact as if they appealed for their evidence to consciousness.

Whatever causes may have led to moral views on the subject of insanity, these would be ably seconded by motives of feeling and inclination in giving a bias to medical research. Abstract speculation is attended by a well-grounded consciousness of intellectual superiority. The general terms, the very subject with which it is conversant, have no existence until a process of thought has taken place. But, in physical speculation, the sense suggests or points out what the reasoning powers are subsequently employed on. Thus the philosophy of mind is recommended to our vainer feeling even by its arduousness; I may add, by the superiority in importance attached to mind over matter.

With the causes, however, which may have led to metaphysical views of insanity, I have but little concern at present. I have not assumed their existence. Against their justness

I have advanced some arguments. But, in as far as I may have established opposite views of treatment, in so far I shall have adduced the strongest kind of argument which the subject admits.

## CONCLUSION.

I HAVE thus fulfilled the division of my subject which I originally proposed. I have pointed out, or enabled my readers to ascertain, the extensive existence of opinions which represent insanity as a mental rather than as a bodily disease. I have stated our own pathological and therapeutical views relative to that form of insanity which constitutes my subject. I have returned to those opinions which I had stated in the commencement of the work, and considered them as affected by the pathology which we recommend, and by the analogy of general disease. I have yet a few miscellaneous remarks to make.

It is scarcely necessary to observe, that mania has been sketched, rather than described, in these pages. But it may be necessary to make a few remarks upon that uniformity of character, in which the disease has been here represented. It has indeed been already urged, that difference of constitution must operate in modifying the treat-

ment which we recommend. Still it may perhaps be thought, that these variations deserve to be pointed out;—that, even if the disease does not admit a distinction in kind, it may pretend to a difference in degree.

Had I aspired to give a complete account of mania, I might still have hesitated at attempting to establish such a division. To follow disease through all its varieties of degree leads to distinctions not less fallacious than those which are founded upon an erroneous supposition of difference in kind. While we are pointing out a mild form of disease, as contradistinguished to its severer forms, we are tempted to make the distinction more marked than it exists in nature, from our fear of appearing to institute a distinction without a difference. We lose the insensible gradations by which maladies, the same in kind, are blended with each other in respect of magnitude.

I may add, though this remark applies rather to the abuse than to the use of such divisions, that they are usually founded, not so much on a difference in the disease as on a difference in the constitutions in which they take place. Yet, either from this circum-

stance not being placed in a light sufficiently clear, or from an error in those who are guided by such divisions, what is really a difference in constitution is often referred to the disease. Thus the principles of practice in regard to the disease, which continue the same in kind, though modified in degree, are given up in consideration of the difference in constitutions. I suggest, rather than assert, as an instance of this error, the very marked contrariety of practice occasionally adopted in the true and bastard peripneumony.

Thus much I have urged against the describing mania, through its various differences in degree. I need not vindicate our selecting such characteristics of it as are strongly and boldly marked. The well-pronounced forms of disease are the most instructive, whether they occur in description or in practice.

Thus, if we may appeal to analogy, the physician acquainted with the phenomena of enteritis, properly so called, will address himself with confidence and firmness to the treatment of all milder forms of enteritic affection ; while he whose experience should have been confined to milder forms of the disease will be startled at the symptoms

of enteritis presenting itself in its full dimensions.

Thus, as our views would have been false if we had considered mania as distributed into different kinds, and likely to occasion error if we had surveyed it in its different degrees of magnitude, so they required, for their clear exposition, that mania should be set forth in a well-marked form, and in its full dimensions.

One principal object of the remarks which are now concluded has been to arrest the encroachments of metaphysical speculation on the pathology of madness. As I have laboured to separate and define its domain on this side, so I would wish to destroy bounds and enclosures unjustly assigned it on another. If it be inexpedient that this disease should become a province of psychology, it is almost equally inexpedient that it should constitute a study distinct and separate from that of general disease. There is no complaint which has contracted more extensive alliances than this one. Its citadel is indeed the brain; but that the severest symptoms of affection in every other organ will be excited during its progress, is a fact known

to every practitioner. Can any one except a general physician do justice to a disease thus complicated? But, if this question be unavoidably answered in the negative, why is the treatment of the insane erected into a separate department? Why is a principle of exclusion authorized which must be injurious to the cause of science, both in as far as insanity is concerned, and in respect to general disease, on which this malady is calculated to throw lights?

Division of labour never contributes to skilfulness where it isolates studies, which, if united, might bestow reciprocal support.

END.

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